ELECTRO-COAGULATION
— IN —
Otolaryngology and Rhinology

.... ABSTRACTS ....

The Present Status of the Electro-Coagulation of Tonsils

Frank J. Novak, Jr., M.D., Chicago
Archives of Physical Therapy, X-Ray and Radium,
April, 1931

This author reviews the advantages, disadvantages and special problems incurred in tonsillectomy, both by surgical and electro-coagulation methods.

In the light of present-day experience he has revised his previously reported adverse opinion of Tonsil Coagulation and now states that this method is valuable *in certain selected cases.*

While Tonsil Coagulation has certain drawbacks, nevertheless, it has the great advantage of being an office procedure and as such is adaptable to a type of patient encountered in practice more or less frequently. Among these are:

> The type of patient who has a morbid fear of operation and will not submit to one.
>
> The patient to whom hospitalization and even a short period of disability may mean economic disaster.
>
> The group of cases which for one or more reasons are considered poor surgical risks.

For patients of these types Surgical Diathermy is pre-eminently the method of choice.

The author stresses the fact that electro-coagulation technique is not the simple, easy-to-master matter that over-enthusiastic advocates have claimed. It is essentially a surgical technique and as such requires study and preparation and should be used only by an experienced laryngologist. It is not always easy to carry out and is not devoid of risks.

He recommends the conservative technique in which only one tonsil is treated at a time and requiring three to five sittings to complete the destruction of one tonsil.

For the destruction of small post-operative tonsil remnants and for recurrent mass of lymphoid tissue there is no better method than electro-dessication.

Conclusions

1. In the opinion of the writer electro-coagulation of the tonsils is not a method superior to surgical removal.
2. It is a valuable adjunct among the procedures available to the tonsillectomist.
3. The progressive otolaryngologist instead of regarding it as a negligible novelty will use it in properly selected cases.

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The Use of Surgical Diathermy About the Mouth of the Eustachian Tube for Infection and Catarrh of the Middle Ear

Lee M. Hurd, M.D., New York
Medical Journal and Record, February 18, 1931

In hypertrophy of the adenoid and even after adenoidectomy, there frequently remain infected lympoid tissues which tend to obstruct the opening of the Eustachian tube. Adhesions from the Eustachian cushion to the postpharyngeal wall are also frequently found. These obstructions at the mouth of the Eustachian tube are frequently the cause of changes in the middle ear, varying from a mild tubal catarrh to an acute purulent otitis media. The usual method used to correct this condition was to break down the adhesions, but frequently the result was to increase the adhesions and make conditions worse. Electro-coagulation as a means of destroying the infected lymph follicles has been used in a number of cases with very satisfactory results. Adhesions should be coagulated before they are torn apart by the nasopharyngoscope. All lymphoid tissue in the pharyngeal recess may be destroyed. The technique is discussed in detail and eight illustrative case histories are recorded.

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Pathology and Intramural Electro-Coagulation of the Inferior Turbinate

Joseph C. Beck, M.D., Chicago, Ill.
Annals of Otology, Rhinology and Laryngology,
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Structure and pathology of the inferior turbinate is discussed, together with details of customary conservative and radical treatment.

Electro-coagulation affords a highly satisfactory method of shrinking turgescent turbinates without destroying the mucous membrane and without scab or synechia formation. This is accomplished by incorporating a shrinking scar within the soft tissue, which not only causes a reduction in their size but also prevents turgescence in the event the turbinal becomes engorged.

The technique is as follows: An indifferent electrode is applied to the patient's back. The turbinate is anesthetized by topical application of nupercane. Anesthesia being satisfactory, a special long needle electrode is plunged into the head of the turbinal and carried along the medial aspect of the posterior end, hugging the periosteum. The current is turned on and the needle is slowly withdrawn. Just before the needle point is withdrawn current is turned off.

This causes a line of coagulation about two millimeters in diameter to be formed in the soft tissue through the entire length of the turbinate, which after healing forms a shrinking scar and effects a reduction in the medial aspect of the turbinate, away from the septum. The same procedure is carried out along the inferior aspect. Ordinarily these two lines of coagulation will suffice, but in very large turbinates it may be necessary to place four lines of coagulation, two along the medial and two along the inferior aspects. Healing with obvious shrinkage takes place in from two to four weeks.

Over fifty cases in the author's series have been treated by this method with relief from nasal obstruction in all.

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Surgical Diathermy in Laryngology

Gordon B. New, M.D.
(Archives of Otolaryngology)

Surgical diathermy is a valuable addition to well known methods of treatment of new growths and benign lesions in nose and throat—advantages of diathermy over other forms of cauterization—diathermy in angiomata in adults—destruction of synechia of the septum, papillomata of the larynx—malignant tumors about nose, sinuses and jaws, low grade pharyngeal lesions.